

I. Introduction

~~The Office of Vermont Health Access is a newly created office within the Agency of Human Services (AHS). It is responsible for overseeing the state's Medicaid program; AHS is the single state Medicaid agency in Vermont. All Medicaid functions are overseen by OVHA, with the exception of eligibility related functions which are performed by the Department of Children and Family Services (DCF).~~

The Office of Vermont Health Access (OVHA) is the State office responsible for the management of Medicaid, the State Children's Health Insurance Program (SCHIP), and other publicly funded health insurance programs in Vermont. The OVHA is the largest insurer in Vermont in terms of dollars spent and the second largest insurer in terms of covered lives.

~~The OVHA has a~~ mission of the OVHA is to:

- Assist beneficiaries in accessing clinically appropriate health services;
- Administer Vermont's public health insurance system efficiently and effectively; and
- Collaborate with other health-care system entities in bringing evidence-based practices to Vermont Medicaid beneficiaries.

The OVHA is lead by the Medicaid Director, Deputy Director of Program Operations, Deputy Director of Administrative Operations and the Medical Director. The Medicaid Director is responsible for oversight of all of OVHA's operations. The Deputy Director of Program Operations is primarily responsible for data analysis, health programs integration, pharmacy and program integrity. The Deputy Director of Administrative Operations is responsible for policy, provider relations, benefit coordination, reimbursement and administrative services. The Medical Director is responsible for clinical operations, chronic care management and care coordination.

During the fall of 2005, the State received approval from the Centers for Medicare and Medicaid Services (CMS) for a Section 1115 Medicaid Waiver known as "Global Commitment to Health Waiver". The Waiver allows the State to fundamentally restructure the Medicaid program and imposes a cap on the amount of federal funding available for services for the Medicaid population. The State exchanged the risk of operating under a capped funding arrangement for the opportunity to use federal Medicaid funds for non-Medicaid health programs.

OVHA's goals are to:

- ~~Improve access to primary care and necessary drugs;~~
- ~~Increase the use of preventive health care services;~~
- ~~Create a medical home for beneficiaries; and~~
- ~~Provide medically necessary services in the most cost efficient way and in the least restrictive setting possible.~~

I. Introduction, cont'd.

The goals of the Waiver include:

1. Financial and programmatic flexibility to help maintain public health care coverage and provide for more effective services.
2. To lead in exploring new ways to reduce the number of uninsured.
3. Foster innovation within health care by focusing on health care outcomes.

The five-year Waiver term became effective October, 2005, and allows the State to deviate from traditional federal Medicaid law and regulations in the following key ways:

1. Imposes a global cap on federal funds.
2. Establishes the OVHA as a managed care organization (MCO).
3. Allows the State to use federal Medicaid funds for state fiscal relief and non-Medicaid health programs.
4. Provides flexibility to reduce benefits, increase cost sharing, and limit enrollment for optional and expansion populations with some limits.

OVHA's service objectives are to:

- ~~Reduce the unnecessary use of the emergency room;~~
- ~~Reduce hospital admissions for conditions that do not require inpatient care;~~
- ~~Avoid more costly drugs when less expensive ones will provide an equally positive result; and~~
- ~~Provide services that foster independence and self care.~~

Within the Agency of Human Services (AHS), the Waiver will allow cross-departmental initiatives to obtain the greatest value from scarce health care dollars. The flexibility of the Waiver allows the State to effectively manage public resources, provide the tools necessary to make health care programs fiscally sustainable, and improve the Vermont health care system.

Under the Global Commitment to Health Waiver, the OVHA is an MCO, and must meet rules for Medicaid MCOs. The OVHA has intergovernmental agreements (IGAs) with the AHS and AHS departments that make them part of the MCO within the framework of the Global Commitment to Health Waiver. The State desires to use the Global Commitment to Health Waiver flexibility to integrate a Chronic Care Management Program (CCMP) into a system of care that can be used to benefit Medicaid beneficiaries, providers, and the OVHA.

~~Within this document we have included an overview of OVHA's organizational structure and a list of the specific functions performed by OVHA, referred to as plan departments or cost pools, and the allocation method for each function. Please note that the plan department numbers correspond to internal AHS program codes, from the state accounting system.~~

Other Departmental Claiming

The following AHS Departments also claim allowable administrative to the Medicaid program, such as school-based and child welfare related costs:

Social and Rehabilitative Services (SRS), now DCF

- Percentage of Social Worker time spent on allowable Medicaid administrative activities.

Prevention Assistance, Transition, and Health Access (PATH), now DCF

- Medicaid outreach and eligibility.

Department of Aging and Independent Living (DAIL)

- Grants to designated agencies for local administration of HCB waiver.
- Grants to area agencies on aging to assist elders in Medicaid outreach.
- Division of Advocacy and Independent Living staff time on administering waivers and fulfilling Medicaid state plan requirements.
- NATAC Registry and Administration.
- Licensed Nursing Facilities Survey, Licensure, and Complaints.
- ICF/MR Licensure.
- Level III Homes Licensure.
- Home Health Hotline.
- Auditing MDS+ Forms.
- Prior authorization personnel.
- Developmental Services administration.
- Vocational Rehabilitation staff administering traumatic brain injury HCB waiver.

Vermont Department of Health (VDH)

- Medicaid outreach and eligibility.
- Medical Practice Division (Quality Assurance).
- Selected Skilled Professional Medical Personnel.

Costs for these activities are included in each Department's plan and included on the CMS-64 as appropriate.

H. Organization

~~OVHA has three offices under the Director's office. These are the Deputy Director of Operations, the Deputy Director of Programs, and the Medical Director. The Deputy Director of Programs is responsible for Data Analysis, Long Term Care, Pharmacy, and Clinical Services. The Deputy Director of Operations oversees Policy, Provider Relations, Coordination of Benefits, Administrative Services, and Medicaid Auditing. The Medical Director does not have any offices directly reporting to this position.~~

~~Please see the attached organizational charts.~~

II. Plan Departments and Allocation Methodologies

Plan Department 1:

Indirect Cost Allocations

Nature and Extent of Services: The State of Vermont, Agency of Human Services negotiates the annual State Wide Indirect Cost Allocation Plan (SWICAP) with the Federal Government. The approved statewide indirect costs applicable to OVHA are included in the CAP and allocated to the appropriate benefiting objectives. OVHA also receives allocations from the AHS Office of the Secretary.

Plan Dept.	Plan Dept. Name	Description	Allocation Method
1001.1	SWICAP	OVHA Allocation of Statewide Indirect Costs	Program percentages of the salaries and fringe benefits distribution for the entire department.
1002.1	Statewide Single Audit	OVHA Allocation of Statewide Single Audit Indirect Costs	Program percentages of the salaries and fringe benefits distribution for the entire department.
1003.1	Human Service Board	OVHA Allocation of Human Service Board Costs	Program percentages of the salaries and fringe benefits distribution for the entire department.
1004.1	AHS Secretary's Office	OVHA Allocation of AHS Secretary's Office	Program percentages of the salaries and fringe benefits distribution for the entire department.
1005.1	AAG Office	OVHA Allocation of Attorney General's Office Costs	Program percentages of the salaries and fringe benefits distribution for the entire department.

Cost Allocation Plan Guidance:

Plan Department	References
SWICAP, Single State Audit, and AHS	OMB A-87, Attachment A, Section C (1)(a), and Attachment A, Section B.1

Plan Department 2:

Salaries, Benefits, and Travel

Nature and Extent of Services: The following plan departments, descriptions, and allocation methodologies are for salary, benefits, and related costs associated with OVHA programs.

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41056.1 DELETE	Commonwealth Grant	Grant to develop initiative for building State capacity to provide child development services.	Direct to Commonwealth Grant FFP 50%
41065.1 DELETE	Principal Assistant to Commissioner	Salary Cost for the Principal Assistant to Commissioner. Principal Assistant to Commissioner is a skilled medical professional.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. Medicaid FFP 50%. SCHIP current FFP.
41065.2 DELETE	Travel for Principal Assistant to Commissioner	Travel Cost for the Principal Assistant to Commissioner. Principal Assistant to Commissioner is a skilled medical professional.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. Medicaid FFP 75%. SCHIP current FFP.
41070.1 DELETE	Health Access Staff	Professional staff needed to implement federally approved Managed Care Plans in the state's Medicaid Program.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. Medicaid FFP 50%. SCHIP current FFP.
41075.1 DELETE	Health Care Policy Analyst	Health Care Policy Analyst who assists in the planning, development and continuing assessment of Health Care programs.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. Medicaid FFP 50%. SCHIP current FFP.

Plan Department 2 (Continued):

Salaries, Benefits, and Travel (Continued)

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41080.1 DELETE	Third Party Liability Staff	Staff who handle TPL claims.	Direct to FFP 50%.
41085.1	DUR/MAB Board	Provide consultation and feedback on program design, management, and operations. The Drug Utilization Review Board (DUR) consists of physicians and pharmacists. The DUR Board reviews drug utilization in terms of prescriber practices, pharmacy dispensing, and beneficiary use. The Board also acts as OVHA's Pharmacy and Therapeutics P&T Committee, advising OVHA on benefit design for the pharmacy programs. The Medicaid Advisory Board consists of providers and beneficiaries and their representatives; representatives of other related government entities; and other interested parties providing evaluation and advice on the design and operations of all of OVHA's benefit programs.	Funding spread based on percentage of units provided under Global Commitment, Choices for Care, SCHIP, and all other related programs.
41085.2 DELETE	MMIS Operations Staff	Medical monitoring information systems personnel.	Percentage of EDS SCHIP claims adjusted as compared to the total EDS claims adjudicated for the quarter. FFP 75%.
41090.1 DELETE	Contracted Skilled Medical Professionals	Contracted Medical professional staff in the Medicaid Division.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. FFP 50%

Plan Department 2 (Continued):

Salaries, Benefits, and Travel (Continued)

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41090.2 DELETE	Skilled Medical Professionals	Medical professional staff in the Medicaid Division.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. FFP 75%
41090.3 DELETE	Travel for Skilled Medical Professionals	Travel for Medical professional staff in the Medicaid Division.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. FFP 90%
41091.1 DELETE	Non-SPMP	Costs associated with providing services to Medicaid clients, except skilled professional medical activities.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. Medicaid FFP 50%. SCHIP current FFP.
41095.1 DELETE	Medical Director & Staff	Division prepares Title XIX staff plan, develops policies and procedures, prepares and monitors Medicaid budget. Works with other central and district office staff, other agencies, providers and fiscal agent to insure quality medical care and services.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. FFP 50%
41095.2 DELETE	Medical Director & Staff—HIPAA	HIPAA-related costs spent within the Medical Director and Staff Division.	Direct to FFP 75%
41145.1 DELETE	General Administration/SCHIP	General administrative expenses that are direct charged to SCHIP including but not limited to expenditures related to meetings to be directly billed.	Direct to SCHIP

Plan Department 2 (Continued):

Salaries, Benefits, and Travel (Continued)

41486.1	Director's Office	Operations and oversight of OVHA units in both operations and the administration of the State of Vermont's public health care programs; Act as Chief Liaison to and directs staff interaction with administration, legislature, AHS central office and departments, other state agencies, the media and federal entities.	Funding spread based on percentage of units provided under Global Commitment, Choices for Care, DSH, SCHIP, and all other related programs.
41487.1	Data Management Unit	Provides data and analytical support to OVHA. Responds to Medicaid claims and enrollment data requests in a timely and accurate manner as well as providing analytical support to OVHA staff and units.	Funding spread based on percentage of units provided under Global Commitment, Choices for Care, DSH, SCHIP, and all other related programs.
41488.1	Pharmacy Unit	Implements and manages the pharmacy benefits for Medicaid and the VHAP, VHAP Pharmacy, VScript, VScript Expanded, Medicare Part D and VPharm plans. Ensures that the State's pharmacy benefit plans are implemented and administered appropriately so that benefits can be accessed appropriately and pharmacies' claims for those activities are processed correctly and paid on a timely basis. Also work with Vermont Medicaid enrolled providers regarding the State's pharmacy programs.	Funding spread based on percentage of units provided under Global Commitment, Choices for Care, DSH, SCHIP, and all other related programs.
41489.1	Health Program Integration	Builds and maintains bridges between OVHA and other departments within the AHS for items such as grants, agreements, etc. Provides lead or support for intra-agency grants and projects and is involved in cross-AHS Q1 activities. Responsible for producing InterGovernmental Agreements between OVHA and other Departments, as well as plays the lead role in OVHA's Medicare Modernization Act.	Funding spread based on percentage of units provided under Global Commitment, Choices for Care, DSH, SCHIP, and all other related programs.

Plan Department 2 (Continued):

Salaries, Benefits, and Travel (Continued)

41490.1	Clinical Unit	Manages Care Coordination (CC), Quality Initiatives (QI) and Prior Authorizations. CC initiative is designed to facilitate the provider/patient relationship by coordinating interventions that assist primary care practices for the needs of our beneficiaries – specifically in emergency room utilization and inpatient hospitalization. QI provides operational direction necessary to monitor and evaluate the quality and appropriateness of care and service for our members, identify opportunities for clinical and service improvement, ensure resolution of identified problems and to measure/monitor intervention results over time to assess the need for new improvement strategies.	Funding spread based on percentage of units provided under Global Commitment, Choices for Care, SCHIP, and all other related programs.
41491.1	Field Services	Extension of the above mentioned clinical unit responsibilities with the addition of make routine visits to provider/patients.	Funding spread based on percentage of units provided under Global Commitment, Choices for Care, SCHIP, and all other related programs
41492.1	Information Technology	Responsible for Global Clinical Record system that supports OVHA business functions, such as prior authorizations and tracking of special cases – operation and maintenance as well as a help desk. Also included is reconciliation of data errors between the health care eligibility and claims processing systems. New user system accounts, some training, ordering of computer equipment and overseeing the technology component of the EDS contract are also done in this unit.	Funding spread based on percentage of units provided under Global Commitment, Choices for Care, SCHIP, and all other related programs

Plan Department 2 (Continued):

Salaries, Benefits, and Travel (Continued)

41493.1	Provider Relations	Provide assistance to all provider groups for both incoming and outgoing communication regarding issues that affect providers.	Funding spread based on percentage of units provided under Global Commitment, Choices for Care, DSH, SCHIP, and all other related programs
41494.1	Provider Reimbursement	Establish rates for all health services, except for nursing homes. Also monitors edits and audits in MMIS.	Funding spread based on percentage of units provided under Global Commitment, Choices for Care, DSH, SCHIP, and all other related programs
41495.1	Policy and Reporting	Represents OVHA in a variety of venues and furnishes required reports for the state and federal governments. Also responsible for maintaining and revising when necessary the Vermont Medicaid State Plan, the Vermont Medicaid Rules and Procedures and the Vermont Health Access Program rules and procedures. Coordination and management of the administrative process of responding to requests for non-covered services by beneficiaries as well as representing OVHA at fair hearings..	Funding spread based on percentage of units provided under Global Commitment, Choices for Care, DSH, SCHIP, and all other related programs
41496.1	Coordination of Benefits	Investigates claims potential for third party liability for areas of health insurance, court ordered medical support, Medicare Part D drug plans, estate recovery, cost effective health insurance, workers compensation and subrogation. When a liability is found, claims and/or liens are filed with the liable party obligating the party to reimburse the Medicaid paid claims.	Funding spread based on percentage of units provided under Global Commitment, Choices for Care, DSH, SCHIP, and all other related programs

Plan Department 2 (Continued):

Salaries, Benefits, and Travel (Continued)

41497.1	Administrative Services	Responsible for fiscal and operational activities, including budget items, AR, AP, payroll and expenses, contract and grant monitoring, federal reporting, cost allocation and overall human resources and building maintenance.	Funding spread based on percentage of units provided under Global Commitment, Choices for Care, DSH, SCHIP, and all other related programs
41498.1	Surveillance and Utilization Review (SURS)	Responsible for monitoring the integrity of our Medicaid Program, including the provision of medically necessary and appropriate health care services, accurate reimbursement to qualified providers of those services, efficient administration of the program and the prevention of inappropriate services and reimbursement. Works closely with each department within OVHA as well as the Medicaid Fraud and Residential Abuse Unit to investigate referred issues to determine if there is a problem.	Funding spread based on percentage of units provided under Global Commitment, Choices for Care, DSH, SCHIP, and all other related programs

Cost Allocation Plan Guidance:

Plan Department	References
41085, 41486, 41487, 41488, 41489, 41490, 41491, 41492, 41493, 41494, 41495, 41496, 41497, 41498, 41052, 41056, 41057, 41060, 41061, 41062, 41063, 41064, 41065, 41066, 41070, 41075, 41080, 41085, 41090, 41091, 41095, 41145	OMB A-87, Attachment A, Section C 1(a) & Attachment B, Section 11 (a) and (b)

Plan Department 3:

Medical Services Contracts **and Grants**

Nature and Extent of Services: Nature and Extent of Services: The following plan departments, descriptions, and allocation methodologies are for medical services contract costs associated with OVHA programs.

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41050.1	Enrollment Broker Services (Contract #1298) Maximus	Contractor will inform the eligible population and other interested individuals about the State health care programs. This includes information about program policies, time lines, and benefits. Benefits counseling enrollment outreach and member services	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. 50% FFP. Funding spread based on percentage of units provided under Global Commitment, Choices for Care, SCHIP, and all other related programs
41051.1	MedMetrics	Pharmacy Benefit Manager	Funding spread based on percentage of units provided under Global Commitment, Choices for Care, SCHIP, and all other related programs
41052.1 DELETE	EDS (HIPAA/MMIS Grant)	Personal services contract to assist the State in integrating the Health Insurance Portability and Accountability Act for proposed rules and regulations regarding security and privacy of medical records.	Direct to FFP 50%
41052.2 41052.3	Travel for EDS (HIPAA/MMIS Grant)	Personal services contract to assist the State in integrating the Health Insurance Portability and Accountability Act for proposed rules and regulations regarding security and privacy of medical records.	Direct to EDS Contract at 90% FFP 75%

Plan Department 3:

Medical Services Contracts and Grants (Continued)

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41130.1	PSI/CSME Contract	APD for MMIS module related to data warehouse.	Direct to PSI/CSME Contract Development at 50% Funding spread based on percentage of units provided under Global Commitment, Choices for Care, DSH, SCHIP, and all other related programs
41130.2 DELETE	PSI/CSME Contract	APD for MMIS module related to data warehouse.	Direct to PSI/CSME Contract Operations at 75%
41130.3	PSI/CSME Contract	APD for MMIS module related to data warehouse.	Direct to PSI/CSME Contract Operations at 90%
41051.1 DELETE	Med Metries	Pharmacy Benefit Manager	Direct to FFP 50%
41053.1 DELETE	Maximus Contract EDS Services	Contract entered into with Maximus, Inc. for EDS-related services.	Direct to FFP 50%
41054.1	Ciber Global Clinical Record	APD to create network for provider prior approval process.	Direct to Ciber Global Clinical Record at Development 50% Funding spread based on percentage of units provided under Global Commitment, Choices for Care, DSH, SCHIP, and all other related programs
41054.2 DELETE	Ciber Global Clinical Record	APD to create network for provider prior approval process.	Direct to Ciber Global Clinical Record Operations at 75%

Plan Department 3:

Medical Services Contracts and Grants (Continued)

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41054.3	Ciber Global Clinical Record	APD to create network for provider prior approval process.	Direct to Ciber Global Clinical Record Operations at 90%
41055.1 DELETE	Quality Review Contracts	Quality review services for the office of Vermont Health Access.	Direct to FFP 50%
41058.1	Quality Review Contracts	Quality review services for the office of Vermont Health Access.	Direct to FFP 50% Funding spread based on percentage of units provided under Global Commitment, Choices for Care, DSH, SCHIP, and all other related programs
41059.1 DELETE	PCA Grants	Provide Coordination and support services to enrollees in the Medicaid Personal Child Attendants Family-Directed Program (PCA).	Direct to PCA Grant FFP 50%
41067.1	HRSA Grant	Health Resources and Services Administration to help expand access to coverage.	Direct to HRSA Grant
41068.1 DELETE	Waiver 1115 LTC Contract	Contract costs associated with Waiver 1115 LTC.	Direct to Waiver 1115 LTC Contract
41090.1	Contracted Skilled Medical Professionals	Contracted Medical professional staff in the Medicaid Division	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. FFP 75% Funding spread based on percentage of units provided under Global Commitment, Choices for Care, SCHIP, and all other related programs

Plan Department 3:

Medical Services Contracts and Grants (Continued)

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41105.1 DELETE	MH / VT Health Services	Cost audit for Title XIX	Direct to FFP 50%
41110.1	General Admin / Medicaid - OVHA	General administrative expenses that are direct charged to Medicaid including but not limited to expenditures related to meetings to be directly billed	Direct to FFP 50% Funding spread based on percentage of units provided under Global Commitment, Choices for Care, DSH, SCHIP, and all other related programs
41120.1	Fiscal Intermediary (EDS)	Cost of contractual services provided by E.D.S. Federal Corporation for the administration of Medicaid/SCHIP program. E.D.S. receives, organizes and processes bills for medical recipients, maintains and makes available on-line histories of benefits paid and develops new applications with the context of approved advance planning documents.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. FFP 50% Funding spread based on percentage of units provided under Global Commitment, Choices for Care, DSH, SCHIP, and all other related programs
41125.1	Peer Review Contracts	Cost of contractual services provided by E.D.S. Federal for the administration of Medicaid /SCHIP program. E.D.S. receives, organizes and processes bills for medical recipients, maintains and makes available on line histories of benefits paid and develops new applications with the context of approved advance planning documents. Utilization review services contract for Medicaid.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. FFP 75% Funding spread based on percentage of units provided under Global Commitment, Choices for Care, SCHIP, and all other related programs

Cost Allocation Plan Guidance:

Plan Department	References
41050, 41051, 41052, 41054, 41058, 41067, 41056, 41057, 41060, 41061, 41062, 41063;	OMB A-87, Attachment A, Section C 1(a) & Attachment B, Section 11 (a) and (b)



State of Vermont
Agency of Human Services
Office of Vermont Health Access
Effective 7/1/06

41064, 41065 , 41066 , 41070 , 41075 , 41080 , 41085 , 41090, 41105 , 41110, 41120, 41121 , 41125, 41130	
--	--

Plan Department 4:

Other Charges

Nature and Extent of Services: Nature and Extent of Services: The following plan departments, descriptions, and allocation methodologies are for other operational costs associated with OVHA programs not including, salary, benefits, travel and medical services contracts.

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41061.1 DELETE	UVM/ Youth Health	Works to improve the utilization and delivery of well care visits and preventative healthcare services to adolescents.	Direct to UVM/Youth Health
41062.1 DELETE	RWJ/VCDP Grant	Expenses to be direct charged to the Robert Wood Johnson Grant.	Direct to Robert Wood Johnson Grant FFP 50%
41063.1 DELETE	CHCS VT Medical Home Project	Center for Health Care Strategies (CHCS) Enhanced primary care services for Vermonters enrolled in Primary Care Plus.	Direct to FFP 50%
41064.1	PACE Grant	Program for All-Inclusive Care for the Elderly	Direct to PACE Grant.
41066.1	VT Community Depression Grant	Improve Depression care for Vermonters enrolled in the Primary Care Plus.	Direct to Community Depression Grant Funding spread based on percentage of units provided under Global Commitment, Choices for Care, SCHIP, and all other related programs
41071.1	LISA Grant	LISA Grant costs.	Direct to LISA Grant.
41072.1	SPAP Grant	State Pharmacy Assistance Program costs.	Direct to SPAP.

Cost Allocation Plan Guidance:

Plan Department	References
41061, 41062, 41063 , 41064, 41066, 41071, 41072	OMB A-87, Attachment A, Section C 1(a) & Attachment B, Section 11 (a) and (b)

Plan Department 4:

Programmatic Costs

Nature and Extent of Services: The following plan departments, descriptions, and allocation methodologies are for other programmatic costs associated with OVHA programs not including, salary, benefits, travel and medical services contracts.

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41431.1	GEARWAR	Programmatic Costs	Medical Services Grants Funds are spread based on actual charges incurred to Global Commitment, Choices for Care, SCHIP, and/or all other related programs
41601.1	Traditional Medicaid Fund A	Programmatic Costs	Medical Services Grants Funds are spread based on actual charges incurred to Global Commitment, Choices for Care, DSH, SCHIP, and/or all other related programs
41602.1	SCHIP Payments	Programmatic Costs	Medical Services Grants Direct to the SCHIP Program with the enhanced match
41603.1	Civil Union FD-Y	Programmatic Costs	Direct to MCO Investments
41604.1	Ladies First	Programmatic Costs	Medical Services Grants Direct to Global Commitment
41605.1	Vscript—Non-Medical State-Only Pharmacy	Programmatic Costs	Direct to MCO Investments State Funds
41610.1	HIV/INS	Programmatic Costs	Direct to MCO Investments

Plan Department 4:

Programmatic Costs, cont'd.

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41611.1	Medicaid Traditional	Programmatic Costs	Medical Services Grants -Funds are spread based on actual charges incurred to Global Commitment, Choices for Care, DSH, SCHIP, and/or all other related programs
41615.1	Buy-in Non-Medicaid	Programmatic Costs	Direct to MCO Investments
41621.1	Medicaid PCPlus	Programmatic Costs	Medical Services Grants -Direct to Global Commitment
41625.1 DELETE	Medicaid Administration— First Health is the vendor to this point. Med Metries will be replacing First Health going forward QE 06/06	Programmatic Costs	Direct to FFP 50%
41625.2 DELETE	Medicaid Administration— First Health is the vendor to this point. Med Metries will be replacing First Health going forward QE 06/06	Programmatic Costs	Direct to FFP 75%
41635.1	Medicare Part D	Reimbursement to State of VT for Medicare Part D implementation costs and expenses for OVHA Call Center	Direct to FFP 50% State Funds
41641.1	Buy-in Medicaid	Programmatic Costs	Medical Services Grants Funds are spread based on actual charges incurred to Global Commitment and/or, Choices for Care

Plan Department 4:

Programmatic Costs, cont'd.

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41651.1	Vscript Medicaid Global Pharmacy – Non Medicare and VPharm 2	Programmatic Costs	Medical Services Grants Direct to Global Commitment
41661.1	VHAP Uninsured	Programmatic Costs	Medical Services Grants Direct to Global Commitment
41671.1	VHAP PCPlus	Programmatic Costs	Medical Services Grants Direct to Global Commitment
41681.1	VHAP Pharmacy Global Pharmacy – Non Medicare and VPharm 1	Programmatic Costs	Medical Services Grants Direct to Global Commitment
41691.1	VHAP Services	Programmatic Costs	Medical Services Grants Direct to Global Commitment
46405.1	Medicare Clawback	Programmatic Costs	Direct to State Special Funds